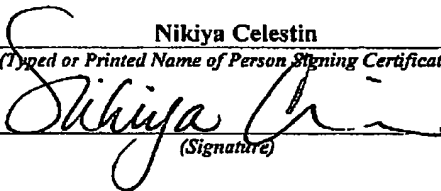




MAR 14 2007

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. KOT-0094
Applicant(s): Takeyama et al.			
Serial No. 10/815,490	Filing Date March 31, 2004	Examiner Martin J. Angebranndt	Group Art Unit 1756
Invention: HOLOGRAPHIC RECORDING MEDIUM AND RECORDING METHOD THEREOF			
<p>I hereby certify that this <u>Amend. & Resp. (18 pgs.), Amend. Transmittal (1 pg.) & Term. Disclosure (2 pgs.)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>March 14, 2007</u> (Date)</p> <p style="text-align: center;"><u>Nikiya Celestin</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: center;"><u></u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

P18/REV01

MAR 14 2007

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. KOT-0094	
Applicant(s): Toshihisa Takeyama et al.					
Serial No. 10/815,490	Filing Date March 31, 2004	Examiner Martin J. Angebranndt		Group Art Unit 1756	
Invention: HOLOGRAPHIC RECORDING MEDIUM AND RECORDING METHOD THEREOF					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: March 14, 2007		
Peter R. Hagerty Reg. No. 42,618 Customer No. 23413 Telephone: (404) 607-9991			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on March 14, 2007 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  Signature of Person Mailing Correspondence via facsimile by Nikiya Celestin Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					

P11LARGE/REV06